Name in Full: Bowser

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Annapolis — County:

Date of death: 1904 — Month: Nov. — Day: 24

Age — Years: — Months: One — Days:

Sex: Male — Color or Race: Colored — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Dennis Bowser — Father's Birthplace: A. A. Co.

Mother's Maiden Name: Sarah Worthen — Mother's Birthplace: Annapolis

Name of person giving Information: Father — How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Lues — How long: Since Birth

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M D

Address: Annapolis Md

Accident or Suicide:

LIBRARY BUREAU A88516

Dear Radnitzky

Thanks heartily
for insurance
policy 38914.

Name in Full

Susannah Brown

Certificate of Death

Town — County

Died at Crownsville · Anne Arundel — MARYLAND

Date 1904	Month 11	Day 3	Age Y. —	M. 7	D. —	Native of Maryland	Occupation Infant —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name Charles Brown

Mother's Maiden Name Martha Butler.

Cause of Death — Primary: intro-cerebral hemorrhage

Immediate: Convulsion

How long sick: 3 days

Accident, Suicide, Homicide

Reported by E. D. Dorsey Deputy Clerk Coroner

Address Millersville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76808

The Evidence of this Case was
given by Martin Brown
[illegible] Guard.

Name in Full: Mary Ann Burke

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Jones Station — County: A. A.

Date of death 1904 — Month: 11 — Day: 19 — Age — Years: 98 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Virginia

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Thos. E. Burke

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Danl Bowden — Father's Birthplace: —

Mother's Maiden Name: Mary Ann Bowden — Mother's Birthplace: —

Name of person giving In formation: Benj. F. Burke — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long:

Immediate: — How long:

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: No physician

Address:

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full

Certificate of Death

Rosa Mallonee Chaney,

Died at Town: Woodwardville County: Anne Arundel Co" MARYLAND

Date 19 04 | Month: Nov: | Day: 4th | Age: Y. 30 M. D. | Native of: Maryland | Occupation:

~~Male~~ Female ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Widower~~ | ~~Divorced~~

Number of children living 4.

~~Husband~~ Wife of George Chaney

Father's Name: Martin Mallonee | Mother's Maiden Name:

Cause of Death: Primary: Phthis | How long sick: 27

Immediate | Accident, Suicide, Homicide

Reported by: Emily Williams M.D.

Address: Conaway GA. [redacted] Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John Wesley Talbert

CERTIFICATE OF DEATH

MARYLAND

Died at: Annapolis — Town: [illegible] — County: Anne Arundel

Date of death 1904: Month Nov — Day 28 — Years — Age — Months 2 — Days 17

Sex: male — Color or Race: white — Birthplace: Annapolis

Occupation: — Where Residing if not at place of death: [illegible]

Married, Single or Widowed: [illegible] — Name of Wife or Husband: [illegible]

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Talbert — Father's Birthplace: Talbot Co

Mother's Maiden Name: Annie Johns — Mother's Birthplace: Talbot Co

Name of person giving information: J. A. Adams — How related to deceased: [illegible]

CAUSES OF DEATH

Primary: Marasmus — How long: Since Birth

Immediate: Exhaustion — How long: [illegible]

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Edna Ellen Crosby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Nuturee — County: Anne Arundel

Date of death 190 4 — Month: Nov. — Day: 15.

Age — Years: 1 — Months: 2 — Days: 12

Sex: Female — Color or Race: White — Birthplace: A. A. Co. Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Charles Crosby — Father's Birthplace: A. A. Co. Md.

Mother's Maiden Name: Bertha Sherbert — Mother's Birthplace: A. A. Co. Md

Name of person giving Information: Charles Crosby — How related to deceased: father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia — How long: 2 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Perrie

Address: McKendree, Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Walter Damarowski

CERTIFICATE OF DEATH

Died at: Town: Chesapeake Bay; County: Anne Arundel; MARYLAND

Date of death: Month: Nov; Day: 2nd; Years: Age about 48; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Unknown

Occupation: Dredging; Where Residing if not at place of death: Chesapeake Bay

Married, Single or Widowed: Married; Name of Wife or Husband: Unknown

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: "

Name of person giving Information: "J. A. Adams"; How related to deceased: Undertaker

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy; How long: 10 hrs

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Murphy

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66616

By J. A. Adams

Name in Full: Margaret Dawson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis; County: Anne Arundel

Date of death: Month: Nov. Day: 17th 1904

Age: Years: 66 Months: 7 Days:

Sex: Female

Color or Race: White Native American / Choctaw Indian

Birthplace: Annapolis Md. U.S.

Occupation: Without Occupation

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: William Sent. Dawson

Father's Name: John Simmons

Father's Birthplace: Ann Arundel Co. Md.

Mother's Maiden Name: Elizabeth Noel

Mother's Birthplace: Prince Georges Md.

Name of person giving Information: John Dawson

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

114

Primary: Chronic hepatitis — How long: 3 Months

Immediate: Bronchopleuria — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: M. G. Ellegood

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A68316

Name in Full: Mary Digan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Camp Parole — County: Ann

Date of death 1904: Month: Nov — Day: 21st — Years: Age 38 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: House wife — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband: Wm Digan

Father's Name: John L. Adams — Father's Birthplace: Md

Mother's Maiden Name: Mary Adams — Mother's Birthplace: Md

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: Months

Immediate: Exhaustion — How long: 2 Weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66510

Name in Full: Richard Green

CERTIFICATE OF DEATH

Died at: Town: Gambrills; County: Anne Arundel; MARYLAND

Date of death: 1904; Month: 11; Day: 2

Age: Years: —; Months: 1; Days:

Sex: Male; Color or Race: African; Birthplace: Gambrills

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Stanford Green; Father's Birthplace: Prince Frederick Calvert Co

Mother's Maiden Name: Daisie Young; Mother's Birthplace: Anne Arundel Co Md

Name of person giving information: Stanford Green Sallie Brown Wife; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus; How long: from Birth

Immediate: Mal nutrition; How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W DuBois M D

Address: Gambrills Md

Accident or Suicide?

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LIBRARY BUREAU A66616

Name in Full: Debia Harris

CERTIFICATE OF DEATH

Died at: Town: Annapolis — County: Anne Arundel — MARYLAND

Date of death: 1907 Nov 27th — Age: Years 67, Months —, Days —

Sex: Female — Color or Race: Col'd — Birthplace: Anne Arundel

Occupation: Washwoman — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: Wm Deanage — Father's Birthplace: Md

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Anne Curley — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long: Three days

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A66016

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Edwin Leroy Howes

Died at: Town of Churchton County. A A

Date of death: Month Nov Day 9 1904

Age: Years 5 Months 5 Days 4

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Waldis E. Howes

Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Ford

Mother's Birthplace: Md

Name of person giving Information: R. H. Howes

How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral regurgitation 79

How long: Since Birth

Immediate: Indigestion

How long: 9 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Duke

Address: Churchton

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Jones

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Ant

Date of death: 1904 — Month: Nov. — Day: 3-[illegible]

Age — Years: 5 — Months — Days

Sex: Female — Color or Race: Col — Birthplace: Annapolis

Occupation — Where Residing if not at place of death

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Samuel A. Joner — Father's Birthplace: Annapolis

Mother's Maiden Name: Rebecca Johnson — Mother's Birthplace: [illegible]

Name of person giving In formation: J. A. Adams — How related to deceased

CAUSES OF DEATH

Primary: Still-born S. — How long

Immediate — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M D

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Leona Matuszeski

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: East Brooklyn; County: Ann Arundel

Date of death: Month: Nov.; Day: 13; 1904

Age: Years: —; Months: —; Days: 7

Sex: Male

Color or Race: White

Birthplace: E. Brooklyn.

Occupation: None

Where Residing if not at place of death: 133 3d ave., E. Brooklyn, Wag Pat. R.R.

Married, Single or Widowed: S

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	Stanislaw Matuszeski	Father's Birthplace	Rus. Poland
Mother's Maiden Name	Anastasia Piot	Mother's Birthplace	Rus. Poland
Name of person giving Information	Stanislaw Matuszeski	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Tetanus Neonatorum	How long	6 Days
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. E. Stephenson M.D.

Address: 2308 Bond St

Accident or Suicide?

LIBRARY BUREAU A88516

Nov. 15th/1904

Name in Full Ernest Mayo.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: East Port — County: A A

Date of death 1904 — Month: Nov — Day: 25 — Years: Age 18 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: 1st dis. A.A. Co.

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Jas Mayo. — Father's Birthplace: 1 dis A.A. Co

Mother's Maiden Name: Mary E Brewer — Mother's Birthplace: Annapolis Md

Name of person giving In formation: Jas. Mayo. — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 1 month

Immediate: Pneumonia — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm S Welch

Address: Annapolis Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Elizabeth Daisie Miller

CERTIFICATE OF DEATH

MARYLAND

District: Waterbury | Town | County

Date of death: 1904 | Month: Nov | Day: 13

Age: Years | Months | Days: 9

Sex: Female | Color or Race: Colored | Birthplace: Waterbury

Occupation | Where Residing if not at place of death

Married, Single or Widowed | Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Richard Miller | Father's Birthplace: Waterbury Md

Mother's Maiden Name: Ellen S Jacobs | Mother's Birthplace: " Md

Name of person giving Information: Mabel Curtis | How related to deceased: Aunt

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inanition & Mal Nutrition | How long: from birth

Immediate: Exaustion | How long: 9 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J W DuBois M D

Address: Gambrills Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Henry M. Murray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lumbertown — County: Anne Arundel

Date of death 1904: Month: Nov — Day: 6th — Years: Age 71 — Months: 7 — Days: 29

Sex: male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: married — Occupation: Farmer

Name of Wife or Husband: Mary Hollingsworth

Father's Name: Daniel — Father's Birthplace: —

Mother's Maiden Name: Mary Dorsey — Mother's Birthplace: —

Name of person giving information: Robt Murray — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Mitral Stenosis — How long: 79

Immediate: Cardiac failure — How long: a few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Maclane Cawood MD

Address: West River Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU

Ld. Nov. 12. 04 -
HRW.

Name in Full: James Neale

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cumberstone; County: Anne Arundel

Date of death: Month: Nov. Day: 29

Age: Years: 65 Months: eleven Days:

Sex: male

Color or Race: Colored

Birthplace: Anne Arundel

Occupation: Truckdriver

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband: Ellen Boston Neale

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation: John Higgs

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bright's Disease

How long:

Immediate:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Madame Cawood M.D.

Address: West River, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Charles J. O'Ferrell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Annapolis Junction — County: Anne Arundel

Date of death: 1904 — Month: Nov — Day: 24 — Age: Years: 56 — Months: 9 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Ireland

Occupation: Laborer — Where Residing if not at place of death: at Place of Death

Married, Single or Widowed: Married — Name of Wife or Husband: Bridget Thyer

Father's Name: Frank O'Ferrell — Father's Birthplace: Ireland

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving In formation: Elwood Fisher — How related to deceased: not at all

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Interstitial Nephritis — How long: 2 yrs

Immediate: Uraemia — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Ryall

Address: Laurel Md

Accident or Suicide?

LIBRARY BUREAU A89816

Name in Full: Rachael Olivy

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: Anne Arundel

Date of death: Month: Nov — Day: 2 — Years: Age one — Months: 2 — Days:

Sex: Female — Color or Race: Colored — Birthplace: 5-4 Anton Town

Occupation: — Where Residing if not at place of death: " " "

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Charlie Olivy — Father's Birthplace: A A Co

Mother's Maiden Name: Lavie Myrack — Mother's Birthplace: " " "

Name of person giving information: Susie Brundrick — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Capillary Bronchitis — How long: 90 Four days

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M D

Address: Annapolis Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Annie Belle Rogers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Drake — County: A R

Date of death: Month: Nov — Day: 10 — 1904

Age: Years: — Months: 1 — Days: 19

Sex: Female

Color or Race: White

Birthplace: Drake, Md

Occupation: None

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Hez. Columbus Rogers

Father's Birthplace: Md

Mother's Maiden Name: Maggie Whittington

Mother's Birthplace: Md

Name of person giving Information: H. C. Rogers

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malassimulation

How long: 6 weeks

Immediate: Exhaustion

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Dent

Address: Churchton Md

Accident or Suicide? —

LIBRARY BUREAU A88618

Name in Full: Susan M. Simmons

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at 4th St. Town: Brooklyn County: Anne Arundell

Date of death 1901 Month: Nov. Day: 3rd

Age Years: 34 Months: 5 Days: 23

Sex: Female Color or Race: White English

Birthplace: Newfoundland

Married, Single or Widowed: Married

Occupation: House work

Name of Wife or Husband: James L. Simmons

Father's Name: William Sandert

Father's Birthplace: Dont Know

Mother's Maiden Name: Dont Know

Mother's Birthplace: Dont Know

Name of parson giving In formation: Husband

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis

How long: 4 Months

Immediate: asthenia

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: T. J. O'Donnell M.D.

Address: 1340 S. Charles St Balto. Md.

Accident or Suicide? Natural

LIBRARY BUREAU A00516

Name In Full

William Henry Simon

Certificate of Death

Died at Town: Crownsville County: Anne Arundel MARYLAND

Date 19 04	Month: 11.	Day: 17	Age	Y. —	M. 4 -	D. 13	Native of: Maryland	Occupation: Infant

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single Widow Widower ~~Divorced~~ ~~Number of children living~~

Husband of _____
Wife

Father's Name: Daniel Simon

Mother's Maiden Name: Mary E. Butler

Cause of Death — Primary: Natural Causes 179 — How long sick:

Immediate: — Accident, Suicide, Homicide:

Reported by E D Doya. Justice of the Peace

Address Millersville Md Acting Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Evidence in this case given
by Mary E. Simon

E. D. Dyer
Acting Coroner

Name in Full

Laura Ellen Smith

Certificate of Death

Died at Town: Wellham County: Anne Arundel MARYLAND

Date: 1904 Month: 11 Day: 7 | Age: Y. 58 M. D. | Native of: Maryland | Occupation: Housework

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Charles Smith

Mother's Name: Anne Benson

Cause of Death — Primary: Phthisis — How long sick: 6 Years

Immediate: Heart failure

~~Accident, Suicide, Homicide~~

Reported by: Thos. P. Benson M.D.

Address: Wellham Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Charles Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at 2 Dist Town — County: Anne Arundel — MARYLAND

Date of death 190 4 — Month: Nov. — Day: 27 — Age: Years 48 — Months — — Days —

Sex: Male — Color or Race: Col - — Birthplace: St Margts

Occupation: Oysterman — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Anne Stevens

Father's Name: Louis Stevens — Father's Birthplace: Md

Mother's Maiden Name: Mary Orlers — Mother's Birthplace: Md

Name of person giving In formation: James Smith — How related to deceased: Brother in Law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Heart Failure — How long: 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. D. Rideout

Address: St Margretts A.A. Co.

Accident or Suicide?

179

LIBRARY BUREAU A65818

CERTIFICATE OF DEATH

Name in Full Perry Stewart

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Ludlow — County: Anne Arundel — MARYLAND

Date of death 1904 Month: Nov. Day: 27 — Age: Years 78 Months Days

Sex: Male — Color or Race: Black — Birthplace: A.A. Co. Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah Stewart

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Information: Charles Stewart — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3 years

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. W. Pierce

Address: Ludlow, Md.

Accident or Suicide?

66

LIBRARY BUREAU A88516

Name in Full: William Richard Stokes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Eastport — County: Anne Arundel

TO BE ANSWERED BY NEAREST FRIEND

Date of death: 1904 — Month: Nov. — Day: 3

Age: Years: 31 — Months: August — Days: 8

Sex: male — Color or Race: White — Birthplace: Baltimore

Occupation: Potter — Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~: Single — Name of Wife or Husband: none

Father's Name: John H. Stokes — Father's Birthplace: Balto ma

Mother's Maiden Name: Mary Frances Gerghe — Mother's Birthplace: Balto ma

Name of person giving In formation: J. L. Clark — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Probably 2 mos

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wm. S. Welch

Address: Annapolis

Accident or Suicide? no

LIBRARY BUREAU A88816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Elizabeth Franklin Thompson

Died at: Town: Churchton; County: A A

Date of death: Month: Nov; Day: 4; Year: 1904; Age: 20 Months —; Days —

Sex: Female; Color or Race: Colored; Birthplace: A.A. Co. Md

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Husband: Clifton S Thompson

Father's Name: Jas. H. Jenkins; Father's Birthplace: Md

Mother's Maiden Name: Sophia Stewart; Mother's Birthplace: Md

Name of person giving Information: Jas H. Jenkins; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Eclampsia 138; How long: 4 hours

Immediate: ; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Geo. T. Smith

Address: Churchton

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Margaret Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Annapolis — County: A A

Date of death: Month: Nov. — Day: 20th — Years: 1904 — Age: 52 yrs — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: A A Co.

Occupation: Housewife. — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Asthma & Nephritis — How long: Six months

Immediate: Asthenia — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John Ridout M.D.

Address: Annapolis Md.

Accident or Suicide?

LIBRARY BUREAU A8U816

Name in Full: Keene Winchester

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Annapolis — County: A. A. Co.,

Date of death 1904 — Month: Nov — Day: 29 — Age — Years: 27 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: A. A. Co.,

Occupation: Pharmacist — Where Residing if not at place of death:

~~Married~~, Single or Widowed — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Francis Ogle Winchester — Father's Birthplace: A. A. Co.,

Mother's Maiden Name: Ella Lee Kent — Mother's Birthplace:

Name of person giving Information: Mrs F. O. Winchester — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Phthisis — How long: 1 year & 9 mos.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. R. Walton M.D

Address: 10 Francis St Annapolis

Accident or Suicide?

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